State-Only Liquor or Fermented Malt Beverage License Renewal Application

Instructions

- 1. Complete entire application and provide supporting documentation/attachments if necessary.
- Submit application 30 days prior to expiration to: Liquor Enforcement Division PO Box 17087 Denver, CO 80217-0087
- 3. Submit the appropriate renewal license fee by license type.
- 4. As of January 1, 2022, a \$50.00 annual renewal application fee will be applied to all renewals.

License Type	Fee		
Fermented Malt Beverage Importer	\$	150.00	
Fermented Malt Beverage Manufacturer	\$	150.00	
Fermented Malt Beverage Wholesale	\$	150.00	
Fermented Malt Beverage Nonresident Manufacturer	\$	150.00	
Importer (malt liquor)	\$	300.00	
Importer (vinous & spirituous)	\$	300.00	
Limited Winery	\$	70.00	
Manufacturer (brewery)	\$	300.00	
Manufacturer (distillery & rectifier)	\$	300.00	
Manufacturer (winery)	\$	300.00	
Nonresident Manufacturer (malt liquor)	\$	300.00	
Public Transportation	\$	75.00	
Wholesale (vinous & spirituous)	\$	550.00	
Wholesale Beer (malt liquor)	\$	550.00	
Winery Direct Shipper's Permit	\$	100.00	
Wine Packaging Permit	\$	200.00	

DR 8401 (03/11/22) **COLORADO DEPARTMENT OF REVENUE** Liquor Enforcement Division PO Box 17087 Denver CO 80217-0087

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Fees Due		
Annual Renewal Application Fee	\$	50.00
Renewal Fee		
Warehouse Branch Permit \$100 X	\$	
Amount Due/Paid		

Make check payable to: Colorado Department of Revenue. The State may convert your check to a onetime electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Please verify & update all	information below			Re	turn to addr	ess above by due date
Licensee Name			DBA			
Liquor License Number Lice	ense Type		I			
Sales Tax License Number		Expiration Date	e		Due Date	
Address of Premises (specify exact	ct location of premises)					Phone Number
Mailing Address				Email		<u> </u>
Operating Manager Dat	te of Birth Home Address	3				Phone Number
Do you have legal possess	· <u> </u>	_			No	
Are the premises owned o	or rented?	Rented	*	*If rented, ex	piration date of	of lease
2. Are you renewing a Wareh If yes, please see the table			☐ No de all fees du	٩		
3a. Are you renewing a takeou delivery license privileges)	ut and/or delivery permit				pe and be aut	horized for takeout and/or
3b. If so, which are you renew	ring? Delivery [Takeout	☐ Both Take	out and Deliv	ery	
Since the date of filing of the organizational structure (and and attach a listing of all licture directors, managing members.)	ddition or deletion of off quor businesses in whic	icers, directors th these new l	s, managing i enders, owne	members or g	eneral partner	s)? If yes, explain in detail
Note to corporation, lindirectors, managing member return immediately to your of Changes, along with all	pers, general partners of State Licensing Author	r persons with ity, Form DR 8	10% or more	interest in yo	ur business, y	ou must complete and
Since the date of filing of the contract (other than licensed finance)						
6. Since the date of filing of the (other than licensed finance or revoked, or had interest detailed explanation.	cial institutions) been de	nied an alcoh	ol beverage li	cense, had ar	alcohol beve	rage license suspended
7. Does the applicant or any of a direct or indirect interest licensee? If yes, attach a d	in any other Colorado li	iquor license,				
Affirmation & Consent I declare under penalty of perjubest of my knowledge.	ury in the second degre	e that this app	olication and a	all attachment	s are true, cor	rect and complete to the
Type or Print Name of Applicant/A	uthorized Agent of Busines	SS				Title
Signature						Date

Tax Check Authorization, Waiver, and Request to Release Information

I, am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.						
The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.						
The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.						
By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.						
Name (Individual/Business) Address		Social Security Nu	umber/Tax Identification Number			
City		State	ZIP			
Home Phone Number	Business/Work Phone Number					
Printed name of person signing on behalf of the Applicant/Licensee						
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)			Date signed			
Privacy Act Statement Providing your Social Socurity Number is voluntary and policies, benefit or privilege provided by law will be depied as a						

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a.